



State of Washington

**DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES**

*P.O. Box 41200 z Olympia, Washington 98504-1200*

*Telephone (360) 902-8703 z TDD (360) 664-8126 z FAX (360) 725-7827 z <http://www.dfi.wa.gov>*

## Consumer Complaint

We have found complaints can normally be resolved if the consumer contacts the company directly. If you have not already done so, please contact the company and attempt to resolve the problem. If direct contact is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the company's response and any other appropriate documentation, to the Division of Consumer Services. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

**How did you hear about DFI?**

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### Your Information:

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Property Address in Question (if different from mailing address):

**Property Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Your Complaint is Against the Following Escrow Company:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Who You Contacted: \_\_\_\_\_

### Escrow Information:

Escrow Number: \_\_\_\_\_ Amount Funded: \_\_\_\_\_

Lender: \_\_\_\_\_ Date Escrow Opened: \_\_\_\_\_

Purpose of Escrow (i.e., home purchase, refinance, commercial real estate, other, etc.):

### Common Problems and Issues:

check all that apply:

- ☐ Closing Delay
- ☐ Disbursement Problems
- ☐ Escrow Instructions Not Followed
- ☐ Title Transfers Incorrect or Incomplete
- ☐ Other

## **Explain Your Complaint in Detail:**

Please describe, in detail, the problem that you are having. Remember to include who, what, where, when, why and how the events transpired.

## **Disclosure of Complaint:**

Please be advised that in order to process your complaint, the Division of Consumer Services may send a copy of your complaint to the Escrow Agent or subject of your complaint. In addition, your complaint is a "public record" that could be subject to disclosure under a public records disclosure request. Therefore, your complaint may be seen by other people.

## **Public Records Disclosure Act:**

Under the public records provisions of Washington law, RCW 42.56 et.seq., this complaint may become subject to public disclosure at some time after your file is closed.

☐ By checking this box, you may request that this complaint not be disclosed if it is requested pursuant to the Public Records Disclosure Act.

## **Declaration:**

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

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**Date**

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**Signature**

Revised: 08/14/2007